MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Registrar's No. AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before 1. PLACE OF DEATH a. COUNTY VS 300 a. STATE Missouri admission) AMENDED Rev. 4/59 b. CtTY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR. TOWN Yes 🖅 No 🗆 Months St. Louis. Mo. St. Louis c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm HOSPITAL OR **ADDRESS** INSTITUTION Yes 🔛 No 🗌 Yes □ No 🙀 Missouri Baptist Hospital 5040 Thrush Avenue 3. NAME OF DECEASED 4. DATE - Middle Last (Type or print) OF. DEATH Shortland 1963 April Flizabeth 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. Married □ Never Married [ 8. DATE OF BIRTH n Divorced 🖺 Months Days Hours Widowed 🖼 Female White 8-26-1881 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Retired <u>New Era Shirt Co.</u> Louis. Mo. Presser 515 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Mr Wm. H. Shortland David J. Graham Sarah Jane Jones 14 COCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unknown) | (If yes, give war or dates of a Mrs Ruth Smith, 5044 Thrush Avenue 9 No ARE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I: DEATH WAS CAUSED BY: 10 CORD IMMEDIATE CAUSE (a) Ö 11 Conditions, If any, 68-0 which gave rise to ကြ above cause (a), stating the under-13. DUE TO (c) lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased Was there a pregnancy in last 90 days. disease condition given in PART I (a) ☐ Unknown AMENDMENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 19. WAS AUTOPSY PERFORMED? YES | NO TE 20c. TIME OF Month, Day, Year Hour RIBBON INJURY p.m. 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STATE COUNTY 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK OR TYPEWRITER 1963 and last saw then alive on. 27,1463 1951 21. I attended the deceased from. 5:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at. SHOULD 22c. DATE SIGNED 22b. ADDRESS (Degree or title) 22a. SIGNATURE ō -23a. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City; town, or county) 23b. DATE AFFIDA Š. St. Louis Missouri Friedens Cemetery. Burial

ITEM

24. FUNERAL DIRECTOR

Math. Hermann & Son Inc. 2161 E. Fair Ave

## STATEMENT BY LICENSED EMBALMER

by	*.					, Student Embalmer No	
orking under my personal supervision.					of &Burley		
udent	Signature of St	Signature of Student Embalmer		Signed	710/	my NIOMINEY	
	-					Licensed Embalmer No. 4203	
						P. O. Address Adocus N	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.